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4. List the following ownership information for the applicant: If the applicant is a sole proprietorship, the name of the proprietor; if a partnership, the names of the partners; if a corporation or limited liability company, any person owning twenty-five (25) percent or more of the capital stock as of the date of the application. Provide a financial statement for each individual listed.

NAME	HOME ADDRESS	CITY	STATE	ZIP CODE	* SOCIAL SECURITY NUMBER	PERCENT OF STOCK HELD

5. Name of Manager and attach resume (the person who will be actively in charge of the business)

Business Address	Telephone Number	Fax Number
City	State	Zip Code
		E-Mail Address

* Manager's Social Security Number

6. Name of Contact Person if Other Than Manager

Business Address	Telephone Number	Fax Number
City	State	Zip Code
		E-Mail Address

* Contact Person's Social Security Number

7. List the names and addresses of all financial institution(s) in which the applicant (licensee) has a business relationship (including deposit accounts, trust accounts, loans, lines of credit, letters of credit, and other similar relationships). If the applicant has branch locations, indicate, in the branch column, the number of branches each applicable financial institution has a relationship with.

NAME OF INSTITUTION	ACCOUNT NUMBER(S)	ACCOUNT TYPE	ADDRESS (City, State, Zip)	TELEPHONE NUMBER	E-MAIL ADDRESS

8. Please select the proposed business activities, the applicant intends to conduct in North Dakota. List any that are not included below.

1st & 2nd Mortgages	Origination of Real Estate Loans
Business Loans	Servicing Mortgage Loans
Commercial Loans	Large Consumer Loans
Mortgage Broker	Sale of Mortgage Loans

9. List any branches the applicant has either in state or out of state. If additional space is needed, attach a separate sheet and be sure to include the address information and telephone number for each branch.

NAME OF BRANCH	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

10. Has the applicant and/or any individual listed in this application ever had this or a similar license in North Dakota or any other state or been a member of a licensed partnership, or an officer or director of a licensed corporation? ☐ No ☐ Yes List

NAME OF INDIVIDUAL	BUSINESS NAME USED	STATE LICENSED	LICENSE NUMBER	TYPE OF LICENSE	DATES HELD

11. Is the applicant currently operating in any states that do not require licensing? ☐ No ☐ Yes List

BUSINESS NAME USED	STATE

Please Attach Additional Sheets if More Space is Needed for Questions 10 - 12.

12. (A). Has the applicant's/any individuals' license in another state ever been denied, suspended or revoked or has the applicant/any individual been a party to an enforcement order, or paid civil money penalties? ☐ No ☐ Yes Explain

- (B) Does the applicant/any individual have any administrative investigations or orders pending in any jurisdiction?

☐ No ☐ Yes Explain

12. (C) Has judgment ever been entered against the applicant/any individual in any civil matter involving any transaction of any kind?

☐ No ☐ Yes -Explain

If judgment was obtained, has it been paid? ☐ No ☐ Yes - Explain

If no, give current status of judgment.

(D) Has the applicant/any individual ever declared bankruptcy? ☐ No ☐ Yes - Explain

(E) Has the applicant/any individual ever been convicted in any state or federal court of a crime of forgery, fraud, obtaining money under false pretense, embezzlement, extortion, larceny, burglary, breaking and entering, robbery, criminal conspiracy to defraud, or bribery?

☐ No ☐ Yes - furnish details on separate sheet and attach to application.

13. If serving in the capacity of a broker, rather than a direct lender, attach answers to the following:

(A) Attach a copy of the contract(s) intended to be used.

(B) Attach a list specifying the names and addresses of all proposed source(s) of credit and supporting documentation specifying the credit limits.

(C) Attach schedule of commissions proposed.

(D) Complete names of employees directly involved in brokering on the attached form. (SFN 50716 - Names of Brokers)

- * In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used to obtain credit information from any credit reporting agency.

Upon completion, forward the following documents to:

**DEPARTMENT OF FINANCIAL INSTITUTIONS
2000 SCHAFER STREET, SUITE G
BISMARCK, ND 58501-1204**

Application Form

Application Fees: (Make check payable to Department of Financial Institutions)

\$400 Investigation Fee

\$300 License Fee

\$ 50 Each Branch located in North Dakota

Please attach a copy of the license/certificate from the home state or domicile of the applicant.

Applicant must contact the Secretary of State's Office at 1-800-352-0867 to obtain a Certificate of Authority.

Enclose a surety bond in the sum of \$25,000 (Form SFN 2121)

Financial Statement(s)

- (A) Attach to the application a financial statement including balance sheet and an income statement of the proposed applicant. The financial statement must include a sworn declaration as to accuracy unless it is a CPA audited financial statement.
- (B) Additionally, an individual financial statement must be submitted for: the proprietor, if the applicant is a sole proprietorship; if a partnership, each general partner, and the partnership; if a corporation or limited liability company, each person owning 25 percent or more of the company/corporation stock.

Attach an organizational chart of the applicant and the parent company, if the applicant is a subsidiary corporation or limited liability company.

Resume of the proposed manager.

Attach a list of brokers (Form SFN 50716).

Would the applicant wish to receive on-line notification to renew their license? If yes, would the applicant be interested in renewing online?

IMPORTANT: Report any change(s) of the applicant to the Department of Financial Institutions within ten days of such change(s).

STATE OF NORTH DAKOTA

DEPARTMENT OF FINANCIAL INSTITUTIONS
2000 SCHAFER STREET, SUITE G
BISMARCK, ND 58501-1204

I hereby authorize any person or entity contacted by the North Dakota Department of Financial Institutions with regard to my application for a license to release to the department any and all information requested, including information from any credit reporting agency.

Name of Applicant (Licensee)	Print Name of Individual Signing this Page
Signature X	Date

(Please copy this page for each individual identified in Item numbers 3 thru 6 to sign, and return with your application to this Department.)